planning during the Eighth Five Year Plan period?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Being a 100 per cent Centrally funded scheme, the Family Welfare Programme requires adequate funding for proper implementation through the State Governments and Union Territories Administration.

(b) The outlay for the Family Welfare Programme during the Eighth Five Year Plan would be Rs. 6500 crores.

(c) The targets have been achieved in respect of Couple Protection Rate and Infant Mortality Rate. However, against the Seventh Five Year Plan target of achieving the Birth Rate of 29.1 per 1000 population; the estimate of Birth Rate as available from Sample Registration System (SRS) for the year 1990 is 29.9 (provisional) per 1000 population.

(d) This is essentially due to prevailing high Birth Rate levels in some of the major States which is, *inter-alia* attributable to strong son preference, low female literacy Rate low age at marriage of females, high Infant Mortality Rate, lack of Community participation, inadequacies in the quality and out-reach of services, inadequacy of resources, lesser coverage of younger age couples with high fertility potential.

(e) To impart a new thrust and dynamism to the Family Welfare Programme, an Action Plan has already been evolved by the Ministry of Health and Family Welfare in *cldse* consultation with the State Governments and Union Territory Administration, and is being opera-tionalised. It highlights the need for evolving a national consensus in support of the Family Welfare Programme and to obtain the willing participation of all sections of th$_e$ society. Its key features includes, improving the quality and outreach of family welfare, differential strategy for special focus and 90 districts with worst demographic profile (Birth rate of 39 per thousand population and above as per the 1981 Census), developing a mechanism to make available funds to States/Union Territories on the basis of reduction of actual birth rate, increasing the coverage of yonger age couples through vigorous promotion of spacing methods, introducing new contraceptives, and improving the quality of contraceptives, strengthening family welfare schemes hi urban areas especially in slum pockets, revitalising training activities of medi-cal/para-merical personnel with emphasis on good work done under the Universal Immunisation Programme and strengthening of other interventions for Maternal and Child Health Care, reorientation of information, education and, communication efforts to focus on the quality of life issues and inter-personal communication, involving voluntary and non-governmental organisation s in a hig way to promote active community participation in the Programme, gearing up of the implementation mechi-ner$_y$ in the States/Union Territories and evolving high level inter-sectoral coordination mechanisms at the national, State and district levels.

Redncation in Birth Rate

1817. SHRI RAJNI RANJAN SAHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it i$_s$ a fact that as per the latest United Nations projection in this year's State Of World Popula tion Report India is likely to overtake China by 2025 or 2030 A.D. the world's most populous country with a population of 1.4 billion;

(b) if so, Government's reaction thereto; and

(cj. what effective measures are being taken to farther iteduce the birth rate?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. ' K. THARA DEVI SIDDHARTHA): (a) According to the report of United Nations Popuation Fund entitled "The State of Wrold Population—1992", the projected population figures of India and China, by the year 2025 A.D.,are 1442.4 million and 1512.6 million respectively, implying China's population being about 70 million more than that of India in that year.

(b) The Government ig very much concerned about the prevailing higher growth rate of population which is due to a slower decline in birth rate relative to steeper decline in death rate.

(c) With a view to bring down the birth rate in the country, an action Plan has already been evolved by trie Ministry of Health and Family Welfore and is being operationalised. This has been endorsed by the Health and Family Welfare Ministers of States and Union Territories in January, 1992. The Acation Plan highlights the need for evolving a national consensus ir support of the Family Welfare Programme and to obtain the willing participation of all sections of the so-iety. Its key features include, improivng the quality and outreach of family welfare services, Differential strategy for special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the Census developing a mechanism to make available" funds to States/Union Territories on the basis of reduction of actual birth rate, increasing the coverage of younger age couples through vigorous promotion of spacing methods, intro-duciiicr new conraceptives and improving the quality of contraceptives, strengthening family welfare schemes in urban specially in slum pockets, revitalising training activities of medical/para-medical personnel with emphasis on motivational and counselling aspects, sustaining the good work done under the Universal Ijnmunisa-ion Programme and strengthening of other interventions for Maternal and Child Health Care, reorientation of information, education and communication efforts to focus on the quality of life issues and interpersonl com-muniction, involving voluntary and non-governmental organisations in a big way to promote active community participation in the programme, gearing up of the implementation machinery in the States/ Union Territories and evolving high livel inter-sectoral coordination mechanisms at the national, State and district levels.

दिल्ली के अस्पतालों में दवाओं की कमी

1818. **श्री मोहम्मद अफजल उर्फ भीम अफजल** : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार को इस बात की जानकारी है कि दिल्ली के अधिकतर अस्पतालों में दवाओं की कमी होने के कारण आम जनता को बहुत कठिनाइयों हो रही हैं ; और

(ख) यदि हां, तो सरकार इस संबंध में क्या उपाय करने का विचार रखती है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी० के तारादेवी सिद्धार्थ) : (क) जी नहीं । दिल्ली के अस्पतालों में दवाओं की कोई कमी नहीं है ।

(ख) यह प्रश्न नहीं उठता ।

Promotions to CMOS in ISM

1819. SHRI HARVENDRA SINGH HANSPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to stater

(a) the policy adopted by Government to give promotions to CMOs in ISM and Homoeopathic in his Minis-